



## Health, Allergy & Medication Questionnaire

**Please complete this questionnaire only for the person whose name is pre-printed in Section 1.**

- If your health, allergy and/or medications information does not fit on the form you can provide additional information on plain paper and attach to this form.
- If you need additional forms, you may call your toll-free Customer Service number located on the back of your ID card.
- Return this questionnaire and your completed **Medco By Mail** order form in the envelope provided.

Gender: Male

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\*Information can be found on the prescription labels. If none, please check here.      ☐ **NONE**

Prescription Medication	Prescription Medication

**Section 3: Nonprescription Medications.** Please list all **nonprescription medications** you take on a regular basis that do not require a prescription from a doctor. Such as: aspirin, ibuprofen, *Advil*®, *Motrin*®.

Nonprescription Medication	Nonprescription Medication

**Please continue on the other side to tell us about any health, allergy or medical conditions.** 

**Section 4: Drug Allergy Conditions.** Please fill in the circle **ONLY** if you have had an allergy or bad reaction to this medication in the past. If you have had an allergy to a medication not listed below, please print the name of that medication in the blank spaces at the bottom of this section.

Penicillins/cephalosporins	Such as <i>Amoxil</i> ®, amoxicillin, ampicillin, <i>Ceclor</i> ®, <i>Ceftin</i> ®, <i>Keflex</i> ®, cephalexin	<input type="radio"/>
Tetracycline antibiotics		<input type="radio"/>
Erythromycin, <i>Biaxin</i> ®, <i>Zithromax</i> ®		<input type="radio"/>
Codeine	Such as <i>Robitussin AC</i> ®, <i>Tylenol #3</i> ®	<input type="radio"/>
Non-steroidal anti-inflammatory drugs (NSAIDs)	Such as ibuprofen, <i>Advil</i> ®, <i>Motrin</i> ®	<input type="radio"/>
Aspirin (salicylates)		<input type="radio"/>
Sulfa drugs	Such as <i>Septra</i> ®, <i>Bactrim</i> ®, TMP/SMX	<input type="radio"/>
Iodine		<input type="radio"/>
If there is an allergy to a medication that is not listed above, please print the name of that medication in the space below. Example: <i>morphine</i>		

**Section 5: Medical Conditions.** Please fill in a circle **ONLY** if a doctor ever said that you have had any of the following conditions.

Heart failure (weak heart)	<input type="radio"/>	Gastric reflux, heartburn or esophagitis (GERD)	<input type="radio"/>
High blood pressure (hypertension)	<input type="radio"/>	Inflammatory bowel disease (colitis, Crohn's disease)	<input type="radio"/>
Heart attack or angina	<input type="radio"/>	High pressure in the eyes (glaucoma)	<input type="radio"/>
High cholesterol (hypercholesterolemia)	<input type="radio"/>	Seizures	<input type="radio"/>
Stroke	<input type="radio"/>	Poor circulation in the legs (peripheral vascular disease)	<input type="radio"/>
Chronic bronchitis or emphysema (COPD)	<input type="radio"/>	Trouble with blood not clotting properly	<input type="radio"/>
Asthma	<input type="radio"/>	Enlarged prostate (benign prostatic hyperplasia, BPH)	<input type="radio"/>
Allergies, runny nose, hay fever (allergic rhinitis)	<input type="radio"/>	Arthritis	<input type="radio"/>
High blood sugar (diabetes)	<input type="radio"/>	Osteoporosis	<input type="radio"/>
Thyroid disease	<input type="radio"/>	Depression	<input type="radio"/>
Peptic, stomach or duodenal ulcer	<input type="radio"/>	Migraine headaches	<input type="radio"/>
Print other medical conditions not listed above in the space below. Example: <i>glaucoma</i>			

Please return the questionnaire along with the completed Medco By Mail order form in the envelope provided.

Did you complete both sides?

Thank you very much.



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